son Robert and Dr William Withering engaged in a dispute concerning the treatment of a patient. The disagreement began when Dr Withering, the senior physician, was called to treat a former patient of young Dr Darwin. Although the dispute is said to have been over a question of correct clinical judgement, it is evident that the real issue was a problem of etiquette, specifically, the failure to consult the primary physician before prescribing. Robert Darwin, with the assistance of his famous father, mounted a scurrilous attack on Withering whom he accused of adding the insult of slander to the initial injury of not consulting with him. The exchange carried on by the warring partners indicates the acrimonious climate of animosity that Percival's ethics attempted to eliminate. [181]

Robert Darwin published letters to Withering in the form of *An Appeal to the Faculty,* a tactic his antagonist ridiculed. Withering countered that private quarrels such as this were, indeed, best brought before one's peers rather than directly to the attention of the public, as Percival would later advise. Historians of these disputes have shown that while physicians like Robert Darwin aired their grievances in the familiar rhetoric of 'honour', as Percival described it, their quarrels served no good purpose and were almost always left unresolved. Medicine, moreover, could only be damaged by being exposed as an intensely competitive activity in which the patient was viewed as little more than a piece of property to be fought over.

Before we turn to an examination of some of the more familiar topics of medical ethics, it should be noted that Percival, like Gregory, emphasized the moral duty of each physician to view his work scientifically, i.e. in a disinterested or candid manner. How else, he insisted, was medicine to learn from its mistakes?

> it is in a moral view that the practice is here recommended; and it should be performed with the most scrupulous impartiality. Let no self-deception be permitted in the retrospect; and if errors either of omission or commission, are discovered, it behoves that they should be brought fairly and fully to the mental view.[182]

The moral duty to eliminate self-deception was, more often than not, overridden by the doctor's natural tendency to self-protection. How could the medical staff in a public hospital consistently and openly reveal their gravest errors? This was, of course, the dilemma posed so dramatically by Bacon. On the one hand medicine could only progress if the ethos of science, including the disinterested and candid appraisal of one's own and others' procedures, was

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inculcated. But in a climate of intense antagonism and jealousy, as exemplified by the Darwin–Withering quarrel, how could this ideal practice occur? For Gregory, such information would ideally be kept within the scientific community constituted by co-operating physicians, bound to protect each other's professional honour. Percival's attempt to strike a balance was more pragmatic, more troublesome, because it was more open to contest, and, ultimately, perhaps more honest.

The Physician–Patient Relationship

In *Medical Ethics*, neither the patient nor the physician was depicted in isolation. Each had a role (or roles) to play in a manifestly hierarchical society, and each, according to his office or station, had appropriate duties to perform. Illness, as we explained above, was simply viewed as an office in life like any other. Ideally, Percival's hospital patients remained throughout the period of their illness connected by their duties to the web of social relations from which they emerged to seek treatment. Depending on the nature of their illness, they were expected to assist the nursing staff and to perform general housekeeping duties. If they were gravely ill, they had a duty to exercise the passive virtues of patience and forbearance. And because gratitude was the cement of society, all patients were obliged formally to express this virtue upon being discharged, as a further demonstration of their concern for the public good.[183]

The physicians' concern for the general good was similarly demonstrated by their willingness to accept the presence of the patient's family and friends in the hospital wards and sick chambers. Physicians' descriptions of their patients usually included some reference to the patients' families and to the duties owed to them as well as to their patients. Because they believed that it was from the domestic sphere that all individual and civic virtues emerged, a tolerance of family and friends was considered to have been a necessary indulgence. It was thought that a patient set adrift from this morally sustaining milieu, might, in the long run, suffer even greater harm than if he or she had been left untreated.[184] While the patient's family and friends were considered to be a valuable therapeutic agent and the best guarantors of the patient's good character, their status was, nevertheless, an ambiguous one. Increasingly physicians believed that the presence of friends and relations could be both harmful to the patient and an impediment to the progress of scientific medicine.[185]

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According to Percival's scheme of ethics, the patients' status was inseparable from their position and role in society. To respect a patient, or to treat a patient as a person, was, essentially, to respect that patient's capacity for fulfilling the duties of his or her particular station. In this view, a physician might best demonstrate respect for his patients by assisting them to return to the scene of their active duties, a goal equally compatible with benevolence and the general welfare of society. Indeed, according to Percival, this would be a 'truly honourable' exertion 'in a cause subservient to the interests of medical science, of commerce and of philanthropy'.

Several problems, however, arose from the belief that the interests of patients and society coincided. Percival's ethics revealed, for example, an unresolved tension between patient benefit and the development of medical science. Put simply, the latter could best be served by encouraging patient compliance and submissiveness. Hospital patients, especially those who could be extricated from their concerned and interfering relatives, were likely to be more submissive than those who were treated in their homes. But the inculcation of these traits tended to make the patients even more dependent on charitable institutions and this development was, Percival believed, decidedly not in the public or private interest. He clearly chose to promote the ideal of the self-regulating over the compliant and possibly dependent patient in order to prevent what he considered to be a much greater social ill. This was one reason why he favoured treating the poor in outpatient facilities such as the dispensaries affiliated with the hospitals. The chief benefit of dispensaries was that they:

> neither tend to counteract that spirit of independence, which should be sedulously fostered in the poor, nor to preclude the practical exercise of those relative duties, 'The charities of father, son and brother', which constitute the strongest moral bonds of society.[186]

Despite Percival's intentions, the broad concerns of hospital medicine were not always to prove so compatible with the promotion of the self-reliant patient at which his dispensary movement aimed. Moreover, the conflict between individual patient benefit and the broad concern of medical improvement and social utility remained a permanent feature of hospital life and medical ethics discourse, a moral problem which the contemporary issue of clinical experimentation on patients brought into sharper focus.

'The healing art', as John Aikin explained, 'had its original foundation in experiment', and it was the new voluntary hospitals

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that provided the appropriate setting for 'all those gradual steps and minute variations, which contribute to render an experiment both safe and decisive'.[187] The hospital not only provided the ideal institutional setting for medical experimentation, it also offered the ideal experimental subject. As Aikin noted,

> Hospital patients are on several accounts the most proper subjects of an experimental course. The constant superintendence of persons skilled in the management of the sick, and accustomed to obey orders, and the confinement to strict regulations of diet and regimen, are advantages not to be had in an equal degree in private practice, either among the poor or the rich.[188]

Medical experimentation was also more effectively pursued in the new hospitals for it was only here that the practitioner-researcher, free from 'the notice of prying and conceited by-standers ... may exert his genius in any new thought for the benefit of his patient'.[189] Despite his enthusiasm, Aikin was certainly aware that the notion of experimentation was horrifying to many members of the lay community. Whether it was performed on patients, dogs or corpses, the very word *experiment,* Aikin wrote,

> occasions great outcries and prejudices among the vulgar; and ... it is apt to startle some well-disposed persons of a superior class; but as this appears to be owing to wrong ideas hastily taken up concerning the meaning of the term, I do not doubt by a little explanation to render it evident, that such a mode of practice, in the manner in which it ought to be, and really is conducted, is not only defensible, but in the highest degree laudable.[190]

The task of explaining the concept and ethos of what Aikin referred to as 'rational experimentation' to a justifiably suspicious public was one that called for considerable rhetorical skill. Physicians and surgeons had, first, to convince future patients and hospital subscribers that the sick poor would not be needlessly sacrificed; that, in other words, tangible advantage would accrue to the individual patient as well as to the public at large and that patients would not be exposed to unnecessary risks. The deep suspicions of the lay community concerning any form of experimentation, human, animal[191] and post-mortem, forced hospital researchers to demonstrate to the public that they were not callous vivisectionists or wanton defilers of the bodies of their deceased patients. A long tradition of auto-experimentation was repeatedly evoked to remind the public of the traditionally courageous and self-sacrificing actions of medical scientists. Gentleman physicians did not, they insisted,

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conduct experiments merely to gratify their scientific curiosity but only for 'the greater good and happiness' of suffering humanity.

Like Aikin, Percival believed that the future of medicine depended on its advancement as a science. He chiefly emphasized the benefits which would eventually accrue to all parties. Medical experimentation was, he argued, clearly in the best interests of the public good:

> and in an especial degree advantageous to the poor ... who, being the most numerous class of society, are the greatest beneficiaries of the healing art.[192]

He warned that all forays into the unknown should be guided by the principles of rational experimentation; by reason, just analogy and documented fact.[193] Like his contemporary, James Gregory (John Gregory's son), he both commended and practised auto-experimentation and, like him too, he doubted whether medical men had 'any right at all to send their patients out of the world that way, who have no ambition for that crown of martyrdom'.[194]

The unpleasant prospect of being viewed as the callous victimizers rather than the benefactors of the poor certainly gave impetus to the creation of regulatory mechanisms for controlling and overseeing hospital experimentation. But, while Percival advocated prior consultation with relevant staff members, he did not consider the explicit consent of the patients themselves. One can only assume that the trust relationship or contract between patient and medical staff encouraged patient acquiescence and provided the moral justification for therapeutic experimentation. According to this contract, the physician was simply assumed to have the moral and technical skill to act in his patient's best interest. If the physician or surgeon had good reasons to believe that a patient's own knowledge concerning a chosen drug treatment, for example, could destroy its benefits or prevent the patient from co-operating, he could, on the basis of the contract, justifiably proceed without the explicit consent of the patient.[195]

Because it was not possible, as Percival explained, to always allow the patients of voluntary hospitals to choose their own doctor, patient trust was often the missing ingredient in the therapeutic relationship. Dissatisfied patients discharged themselves and tried to obtain new recommendations for admittance under the practitioner of their choice. Thus, in order to encourage a more trusting relationship, Percival urged under the rationale of better patient management that such 'partialities' should be indulged whenever

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possible and that their feelings and emotions be known and attended to, 'no less than the symptoms of the disease'. He allowed that:

> Even the *prejudices* of the sick are not to be condemned, or opposed with harshness. For though silenced with authority, they will operate secretly and forcibly on the mind creating fear, anxiety and watchfulness.[196]

That Percival should find it necessary to warn his colleagues that there was indeed a person behind the disease is a reminder that what appears to be a modern problem is less the result of new technology than endemic to scientific medicine. Neither he nor, indeed, most reputable physicians, wanted to force unwilling or unsuspecting patients to act as the subjects of their experiments. Experiments were, nevertheless, carried out, particularly with new drugs and surgical procedures, and patients were often justifiably distrustful of their practitioner's intentions. Without proper consent or consultation, moreover, only the patient's assumed consent allowed medical experimentation or treatment to be viewed as something other than outright coercion or physical assault.

For Percival, the question of control, responsibility and authority was essentially connected to that of the patient's trust and co-operation. Without the proper exercise of authority there was, indeed, no moral justification for any of the medical practices associated with a modern hospital. Authority and its proper exercise were, consequently, the starting point and *leitmotif* of Percival's medical ethics. All physicians and surgeons, he pronounced, in his opening chapter, should:

> minister to the sick, with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *steadiness,* and *condescension* with *authority,* as to inspire the minds of their patients with gratitude, respect, and confidence.[197]

Condescension and authority were chiefly necessary to combat what Percival referred to as 'the prejudices, the caprices and passions of the sick and their relatives'. He also understood that the ability to inspire confidence and respect was directly linked to professional authority and dignity and that this was in the end the most effective medicine a physician had to offer. Condescension and authority were even more necessary for the successful treatment of out-

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patients because in this milieu the formidable social gulf between the physician and his humble patients was more pronounced.[198]

Percival's introductory passage has been viewed by some modern critics as the unfortunate substitution of the physician's authority for what they rightly claim is the chief aim of medical ethics, a concern for the patients' best interests.[199] This was clearly not his intention and in order to clarify his use of the terms 'condescension' and 'authority' it will be helpful to view this passage in relation to his and Gregory's concept of the ideal physician. Of central importance to this ideal was the nature of the social virtues which shaped the character of a physician. The ideal physician was according to Percival a man whose original generous impulses or 'springs of action' had been strengthened by education and experience. This was, as he noted elsewhere, a union of the heart and the mind which would create the basis for 'true' or lasting sympathy. For example, in the sermon on hospital duties which Percival included in his *Notes*, his son provided a further explanation of the transformation of the so-called 'softer' virtues into the 'calm principles' which underlined and defined the duty of benevolence. For the younger Percival, as for his father, it was the duty of the medical staff to demonstrate that 'Christian condescension may be compatible with professional steadiness and dignity'.[200] Like Gregory he remarked on the tendency of practitioners, who, when faced with repeated scenes of distress, jettisoned their original or natural impulses of pity or sympathy as a means of protecting themselves from the personal anguish caused by their own emotions. Eventually, he noted, these medical men would renounce sympathy as being 'unsuitable to their character and unfavourable to the exercise of their art'. They would, as Percival's critics charged, eventually be forced to substitute raw authority for the duty of compassion to their patients. Percival noted that this behaviour was no longer acceptable to the medical profession and 'different sentiments now prevail'. He explained, moreover, that a distinction must be made between true compassion and 'that unmanly pity which enfeebles the mind'. Genuine sympathy

> rouses the attention of the soul; gives energy to all its powers; suggests expedients in danger; incites to vigorous action in difficulty; and strengthens the hand to execute, with promptitude, the purposes of the head.[201]

For Percival (and his son) the pity which it was the duty of a medical man to repress was a 'turbulent emotion'. The Christian condescension which should be cultivated in its place was, in

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contrast, a 'calm principle' or 'benevolence itself directed forcibly to a specific object'. True sympathy was in the end the product of an education and training which enabled the physician to transcend the paralysing effects of pity. It was a 'manly' social virtue, universal, not private, and thus capable of flourishing among strangers in the larger sphere of the hospital as well as in general practice. It was not diminished by repeated scenes of distress but activated by them into appropriate action. It was, most importantly, not a passing impulse but 'a tone or constitution of mind'. True compassion was, in sum, 'that fellow-feeling, which nature, education, and Christianity require'. For Percival it was also a principle of equity or justice.[202] Without 'true sympathy', or that which Percival also referred to as 'Christian condescension', 'fellow feeling' or 'benevolence', the physician's authority over his patients was a hollow ambition.

In the moral-philosophical tradition which underlined Percival's ethics there was, ideally, a perfect coincidence between private and public good. It was not, however, a feature of the moral landscape which could always be taken for granted, as the problem of patient experimentation revealed. We shall see in our examination of some other contemporary problems in medical ethics, that the perceived compatibility between the welfare of an individual patient and that of the general good was a precarious and increasingly problematical notion.

The Duties of a Virtuous Physician

It was not, as I have suggested, Percival's account of the virtues of the ideal physician which his readers found novel or interesting; it was, rather, his attempt to adapt the traditional duties (including the duty to be a virtuous physician) to the attitude toward a whole new group of patients. As for the virtues themselves, the ideal physician was, as ever, an attentive, humane, indulgent, confidential, tactful, faithful, punctual, honourable, candid, and, not least in an age when sobriety was not always considered a virtue, a strictly temperate man. These were some of the 'particular virtues' of the medical profession as opposed, for example, to the virtues of the sacerdotal or legal character.

Like the medical moralists who preceded him, Percival took as his task an analysis of the relevant virtues of his profession and their application to the changing needs of his society as well as medical practice. We have seen, for example, how the quality of honour and the meaning attached to the term 'an honourable physician' in Percival's time had been adapted to meet new requirements.

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Humanity, charity, benevolence, etc. were the great catch-words and, as such, the general repositories of myriad related attributes through which we can track the changing patterns of usage. The many different or ambiguous applications of the term 'friends' used by physicians illustrate one of the transformations of contemporary practice which Percival's ethics attempted to address. That the situation had changed is evident if we compare John Gregory's description of the ideal relationship between physician and patient with Percival's. If, as Gregory advised, this was a relationship between friends and if by friendship he meant a sympathetic relationship between social or intellectual equals, then what was the ideal relationship between those who were profoundly unequal? What was the physician's duty to those who 'claimed both the patronage and the aid of the gentlemen of the faculty';[203] the lunatic, the labourer, the woman in labour or the woman 'labouring under syphilis'?

Physicians had, at least in principle, always been the 'friends' of the poor, and the duty of charity was inherent in Christian medical ethics. It was not, however, these occasional acts of charity which Gregory alluded to when he wrote in his medical ethics that to have a physician for a friend was 'an inexpressible comfort' to his patients.[204] The latter, in Gregory's time, for the most part comprised the gentry and middling ranks, a group with whom physicians in any case would have been closely associated. It was just this sort of relationship that Gregory's friend and patient, James Beattie, celebrated in his poem *The Minstrel* and Samuel Johnson in his flattering accounts of the medical men whom he had, throughout his life, counted among his most cherished friends.[205]

The greatest transformation in medical practice between Gregory's years at Edinburgh and Percival's later years at Manchester was the sheer number of poor patients who presented themselves for treatment by hospital physicians in the hospitals and dispensaries. Gregory's ethics was chiefly, although not exclusively, addressed to a physician or surgeon in private or general practice while Percival's, as we have seen, was primarily concerned with the problems of hospital and dispensary practice. The earlier ethics had not been greatly concerned with the new development and the sorts of medical practice which were becoming common in the larger cities and new industrial centres like Manchester. John Coakley Lettsom, the Quaker physician, wrote that:

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> During the last three years, I have attended nearly six thousand poor persons, into many of whose habitations I have entered, and been conversant with their sufferings, and their resignations under them.[206]

John Ferriar of Manchester was another prominent physician with an extensive practice among the industrial poor of Manchester.[207] It was his and Percival's published accounts of the conditions of the latter that led to the foundation of the Manchester board of health. All these physicians were well-known writers and it was probably not so much in their medical as in their rhetorical and literary skills that their greatest contribution to medicine lay. Ferriar's moving eye-witness accounts of the lives and horrific living conditions of his poorest patients are likely to have alleviated far more suffering among the Manchester poor than all the drugs in the contemporary pharmacopoeia. Physicians like Lettsom, Ferriar and Percival were, nevertheless, not the bosom companions of their poor patients. They were their 'friends' only in the sense of being their patrons and benefactors. In their view, the proper conduct owed to the class of patients they described as the suffering poor was, as we have noted, condescension – the perfect Christian condescension evoked by Percival's son in his address to the Liverpool Infirmary.[208]

In Percival's ethics, friendship was neither an ideal (as it was in Gregory's) nor a duty. The subject was, however, a perennial topic in moral and political philosophy and Percival, like many of his contemporaries, had strong views on the subject which are of some relevance to our understanding of his concept of just authority and the therapeutic relationship. In a brief essay entitled *False Opinions Concerning Friendship,* he wrote that many authors, both ancient and modern, had held what he thought were 'enthusiastical' and 'extravagant' notions about friendship and the role it played in society. They had, he argued, 'supposed that it supersedes, in particular circumstances, both wisdom and prudence, and every species of moral obligation'. Montaigne, for example, argued that:

> This bond dissolves every antecedent obligation; and the secret which I have sworn not to reveal to another, I may, without perjury, communicate to him, who is not *another,* but *myself.*[209]

For Percival, friendship, though an 'amiable' and 'venerable' virtue, had no proper place in the growing public sphere. Like pity, it was a natural principle and, as he variously labelled it, particular, partial, private, personal and privileged. It was, however, from the more 'confined and partial charities' of friendship that benevolence had its origin, for

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> the man who has felt not the appropriated regard of a son, a brother, a husband or a friend, cannot have a heart capable of being expanded with philanthropy.[210]

The point of Percival's analysis of friendship was that the elevation of the virtue of friendship to the wider public sphere was sanctioned neither by scripture nor by reason. It was not recognized in the Bible as a duty but only as a 'generous and animating principle of action'. This was because friendship:

> is of *special,* and not of *universal* obligation; depending on particular relations, and contingent circumstances, which human power can seldom influence or command ... the divine law presupposes the existence of such affections as are purely natural and spontaneous; and directs its precepts, not to their production, but solely to their government and regulation.[211]

The partialities and privileges of friendship could, translated to the public sphere, jeopardize the ordinary relationships of social life where justice and probity, not friendship, were 'the essential duties, equally incumbent on all ranks of men'. Friendship, while often highly honourable and justifiable, must therefore be 'subordinate to the rights of society' in order that no personal attachments might violate the duties of 'justice, fidelity or truth'.[212]

For Percival, justice and probity were the social virtues *par excellence* and because they were universal and disinterested they could be elevated to the rank of duties incumbent on all members of his profession. It was on the basis of the 'disinterested' duties, not the 'interested' virtue of friendship, that the hospital could best achieve its philanthropic and scientific goals and the profession itself create an *esprit de corps* bound by ties of common duty rather than mutual gratification.

For Percival, a man's relationship to his social inferiors was, like his relationship to his Maker, a central feature of natural law. It was, after all, this concern which distinguished a proper code of ethics from the spurious one exemplified by the much-maligned gentlemen's code of honour. However, an account of that relationship was for him, as for other moralists, not always a problem which called for a serious assessment of the first principles of moral philosophy. He did not, in other words, attempt to re-invent the social wheel but where it was appropriate applied accepted moral principles to particular problems. To the extent that the wider ethics reflected the social, religious and intellectual assumptions of his own society, so too did his view of the

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relationship between physician and patient. Equal in the eyes of God and the virtuous physician, all patients, rich and poor, were owed the same moral duties. Manners or decorum were the more or less arbitrary creation of custom or fashion and thus, in Percival's time, called for the differentiation in social status which underlined a system based on subordination or hierarchy. Attention to the accepted rules of conduct between classes was entirely compatible with the benevolent aims of the medical profession and, as with Gregory, at least a formal concept of equality. According to Percival, proper decorum added to the importance of the physician's office, and the respectability of the patient and, more importantly, to the social usefulness of both parties. This view is perhaps most clearly expressed in one of Percival's moral tales in which he explains that all common forms of civility or politeness are themselves an essential part of the social contract:

> Their import is known to all who use them; and, as they are expressive of urbanity and benevolence, they tend, under proper restrictions, to soften the asperities, and heighten the pleasures, of social intercourse. Genuine courtesy has, indeed, its seat in the heart; and implies the desire of gratifying others, in the subordinate offices of life, by the sacrifice of our own ease or interest.[213]

For Percival, as for Gregory, manners, decorum or the common forms of civility were thus grounded in time and place; they were laws, as Percival explained, 'which general consent has established' and which consequently 'bind every man, in the common intercourse of life...'[214]

Lunatics and Loose Women; or Personhood

To his discussion of the duties owed by a physician or surgeon to the poor patient in general, Percival added an account of those which were owed to specific groups such as lunatics or idiots and women suffering from venereal diseases. Before the advent of the voluntary hospitals and their various branches, the latter had not been treated, or even had their treatment supervised, by the élite of the medical profession.[215] Percival's ethics, therefore, marked the early years of the extension of medical practice into the area of mental illness and the institutional treatment of women as well as the treatment of the sick poor.

Although he was enthusiastic about the benefits of hospital care for the insane, it is clear from Percival's description of these new categories of patients that their status as moral agents was extremely

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problematic. If, as was generally held, reason was the measure of moral personhood, what was the status of those who suffered from a disordered understanding, a weakness of the understanding or no understanding at all? Lunatics, he explained, were 'among the most humiliating objects of distress' known to physicians. While other diseases left man 'a rational and moral agent' and could sometimes even improve 'the faculties of the head' and 'the affections of the heart', lunacy:

> subverts the whole rational and moral character; extinguishes every tender charity; and excludes the degraded sufferer from all the enjoyment and advantages of social intercourse.[216]

Because the duties owed to patients in Percival's system were essentially duties owed to God and only instrumentally to those creatures created in his likeness, the loss of reason placed the insane outside the pale of human society. The loss of reason was the loss of man's likeness to his Maker and, consequently, the loss of that which made a person the object of other men's duties. The lunatic, in short, was not a person or the receiver of other men's duties because he or she did not possess 'a human nature'. For Percival, as for John Locke, reason was the sole key to personhood or human nature. The term 'person', according to the latter, was:

> a Forensick Term appropriating Actions and their Merit; and so belongs only to intelligent Agents capable of a Law, and Happiness and Misery. This personality extends its *self* beyond present Existence to what is past, only by consciousness, whereby it becomes concerned and accountable, owns and imputes to its *self* past Actions, just upon the same ground, and for the same reason, that it does the present.[217]

A person or moral agent was, accordingly, a being who was capable of conforming to the laws of humanity or the laws of nature. And, as Locke wrote in the *Second Treatise*, for a man to 'live by another Rule, than that of *reason* and common Equity, which is the measure God has set to the actions of Men'[218] was to break the ties that bound him to his fellow creatures.

While the lunatic patient was clearly not a creature of reason, all was not lost, as Percival explained reassuringly. Insanity, though the least understood of all diseases, could, if medical treatment was successful (or God so willed), be entirely reversed. Happily, the restoration of reason brought with it a renewal of the lost image of God and the status of full moral agency. In this view, insanity could be treated as a possibly temporary loss of personhood rather than its

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permanent absence', a view which would effectively restore many rights, legal and moral, to insane persons which had previously been withheld.[219]

Perhaps because the so-called lunacy trade was in its infancy, Percival's account of the physician's duties to the insane has about it the air of professional promotion. The cure of insanity, he proclaimed, was not a task for the untrained, i.e. the 'mercenary keepers' who traditionally managed the private madhouses. It was, rather, a 'divine privilege' which should be delegated exclusively to those who were 'deeply skilled in the philosophy of human nature'. *Medicina Mentis* should be administered by:

> him, who to a knowledge of the animal œconomy, and of the physical causes which regulate or disturb its movements, unites an intimate acquaintance with the laws of association; the control of fancy over judgement; the force of habit; the direction and comparative strength of opposite passions; and the reciprocal dependences and relations of the moral and intellectual powers of man.[220]

Percival's ideal practitioners were, not surprisingly, the Edinburgh-trained physicians who, like himself, had learned their *Medicina Mentis* from the great Dr Cullen.

In 1771, Percival's friend John Aikin wrote of his admiration for the Manchester Asylum and noted that it was not only 'poor Lunaticks' who benefited from this new hospital asylum, but also persons of middling rank who had formerly languished in private madhouses. Of the many benefits offered by such an institution, the highest premium was placed on the gentlemanly status of the physicians who governed it. With these 'men of principle and honour' he contrasted the lowly 'mercenary' character of the private madhouse keepers. He suggested that, in the care of the former, patients would benefit from humane and disinterested treatment, where before they had been held like animals in cages by men who cruelly profited from their prolonged incarceration. Aikin was a passionate advocate of separate confinement of mental patients and noted the privacy and peace offered to the Manchester patients who were housed in such quarters and who, unlike patients in some private madhouses, were not exhibited to appease 'the brutal curiosity of the populace'. He added that hospital asylums were more economical than the latter and did not rob the lunatics of their entire fortunes.[221] Percival, who shared Aikin's views concerning the proper governance of asylums, emphasized as well the pioneering role that asylum physicians played in the development of

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'a new region of medical science'. Here again the physician-scientist trained in the 'synthetic plan' or scientific method would be able to keep an extensive register of a great variety of cases.[222] Percival reminded his readers that the proper institution of record keeping by physicians who treated the insane might have been of some assistance 'on a late melancholy occasion', by which he meant, no doubt, the embarrassment caused to his profession by their failure to treat the intermittent derangement of George III.[223]

The duties of the asylum physicians to lunatic patients also reflected the growing confidence of the Edinburgh-trained physicians. They possessed, they believed, the most up-to-date skills for regulating the minds of their patients and a knowledge, as well, of the latest improvements in modern asylum practice. The long tradition of corporal punishment justified by common law was now precluded by the invention of the new 'strait-waistcoat'. It was thought that patients could be treated humanely with all the 'tenderness' and 'indulgence' compatible with good governance. Physicians bound by obligations of honour and humanity should not, Percival added, abuse the authority vested in them by the patient's family or take advantage of the patient's state of isolation from them. He was, however, not unaware of the many pitfalls awaiting physicians who attempted to treat the insane. He noted with regret that the many different diseases classed under the title of insanity still remained less understood than other diseases of man.

Because physicians were called upon by the law courts to make 'forensic' pronouncements on the mental capacity or responsibility of individuals, they were inevitably forced to draw upon the existing categories of mental illness.[224] Percival noted that clear distinctions had to be made between hypochondria and insanity and between insanity and madness, and he warned physicians that the precise boundaries of rationality were virtually impossible to define. He did, nevertheless, offer some crude guidelines. Insanity could be partial and temporary. It occurred 'whenever false ideas, of a *practical kind*, are so firmly united as to be constantly and invariably mistaken for truth'. However, if this 'unnatural alliance' of ideas should:

> give rise to a train of subordinate wrong associations, producing incongruity of behaviour, incapacity for the common duties of life, or unconscious deviations from morality and religion, MADNESS has then its commencement.[225]

A lunatic or person *non compos mentis* was, in the eyes of the law, a person who had originally been sane but had lost his sanity or

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reason by 'disease, grief or an accident'. Lunacy too could be a temporary state, an important fact emphasized by Percival in his discussion of the physician's legal duties.[226]

It is significant that moral and legal personhood was assigned to individuals by the physicians for legal as well as medical purposes according to judgements of their capacity for carrying out 'the common duties of life'. Also of interest is the extent to which legal necessity shaped the simple medical categories into which disorders of the mind recognized by physicians would fall. The official recognition of partial insanity by the medical profession was, to a large extent, a legal fiction. The social consequences of being declared insane were, as Percival pointed out, so damaging to the victim that the presumption of partial insanity was the only humane expedient. He warned that the declaration of incapacity was a 'solemn act of law', difficult if not impossible to reverse and one which often resulted in the party being consigned to permanent neglect and oblivion.[227]

Percival's concept of temporary insanity could, in another guise but for much the same reasons, be deployed in the case of suicide. Here again, as Percival noted, a physician could be called upon to testify to the previous state of mind of the deceased or, as he put it, 'the defunct'. At the time, the law declared that for suicide to be a crime it had to have been committed by a party who was in the full possession of reason. What exactly this entailed was of course debatable. Percival noted that the law, rightly, discouraged a broad interpretation of the insanity plea. It would not, for example,

> authorise the plea, that every melancholic or hypochondriac fit deprives a man of the power of discerning right from wrong. Even if a lunatic kill himself in a lucid interval, Sir M. Hale affirms that he is a *felo de se*.[228]

Despite this view and Sir Matthew Hale's affirmation of its legality, Percival argued that there were, on the contrary, states of mind which were not the result of permanent incapacity in which a person could be judged to be legally incapacitated. In such cases, death, although it might appear to have been the result of a premeditated act, was actually the result of terror or 'the want of that presence of mind, which is necessary to the exercise of judgement, and the discrimination of actual from imaginary evil'.[229] A person could, in other words, kill herself in a state of 'temporary distraction' and such an act of suicide could not be designated as the act of someone who was culpable, or capable of distinguishing between right and wrong.

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Percival's explanation was a sympathetic response to a very controversial problem. It was a view which, as he knew, would effectively circumvent some of the moral, religious and legal wrangles associated with this issue and focus directly on the question at hand: the question of culpability or intent. If there was no proof of intent then, quite simply, the act was not a criminal act. Percival's position on suicide effectively transformed a possible crime into a case of temporary loss of reason.

The personal and social consequences of medicalizing a crime like suicide were obviously considerable. If judged to have been temporarily insane, suicides could receive a Christian burial instead of the cruel stake and highway treatment prescribed by law until 1823, and they could, as well, have legally restored the testamentary rights otherwise denied them and their families.[230]

Women with venereal disease, or as Percival put it, 'those votaries whom pleasure has seduced, or villainy betrayed',[231] were another category of patients whose lack of moral status or personhood had removed them from the sphere of reciprocal duties which defined the boundaries of Percival's society. They too were beyond the pale, not for losing their reason, although they were usually considered to be of 'weak understanding', but, rather, for losing their virtue or, more specifically, their chastity. Chastity was, according to Percival and his contemporaries, the chief moral principle of the female person. He believed that proper medical treatment and strict moral management could restore virtue, religion and health. Percival's argument in favour of lock hospitals or closed wards for venereal patients, was, like his defence of the new insane asylums, based primarily on an appeal to prudence and benevolence. He suggested that it was immoral to withhold treatment from sufferers of any disease merely because the latter originated from the folly or vice of the patient or because their disease was as odious as it was contagious. Like other medical moralists of his day, he laced these sermons with optimistic accounts of the success of medical treatment for those suffering from venereal diseases. As John Aikin had noted earlier, treatment with mercury was on the whole successful if the sufferers were kept under the care of a medical man until they were completely cured.[232] Percival's argument was also based on his belief that where there was a cure there was a corresponding moral duty to treat. From the point of view of the common good, treating and isolating highly contagious venereal patients was the most prudent alternative, as the cost to society of not treating or merely palliating the disease far outweighed the expense of a hospital cure.

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Like his appeal for financial support of the asylum, Percival's account of the treatment of venereal women was designed to emphasize and encourage the honour and humanity of the physicians, the strict rules of conduct owed the female patients and the duty of those who treated venereal women to educate them about the causes of their disease. His recognition that the underlying cause of venereal disease in women of the lower classes was extreme poverty also led him to claim on his patients' behalf a right to charity and moral treatment as well as to purely medical treatment. They were to be given books adapted to their moral improvement, a sum of money, decent clothes on being discharged, and some assistance in obtaining respectable employment.[233]

Percival's interest in the treatment of venereal women might also be viewed as part of a scheme to monopolize the treatment of women's diseases. Like the treatment of insanity, this was a new field of medical science on which they could apply their scientific skills. Moreover, the new physicians were gentlemen, and sick women (or most women for that matter) were so 'weak and soft', that 'Nature', they believed, had given them an obvious claim to the physician's protection. In his *Thoughts on Hospitals*, John Aikin revealingly noted a further benefit which would directly follow from physicians' display of concern with female illness for he suggested that 'nothing more strongly stamps the character of *Gentleman* than a quick sensibility and delicate attention' to this point of duty.[234]

The gradual encroachment of the new gentlemen physicians and surgeons into all aspects of women's health laid the groundwork for an official recognition of their forensic expertise in court cases arising out of charges such as abortion and infanticide. Because the latter were capital offences, Percival urged his colleagues to exercise their duties with the greatest caution. Physicians, he explained,

> have often melancholy experience of the distraction and misery, which females suffer under these unhappy circumstances. And when it becomes their painful office to deliver evidence, on such occasions, justice and humanity require, that they should scrutinize the whole truth, and *nothing extenuate, nor set down aught in malice.*[235]

Percival's discussion of abortion followed directly from his earlier attempt to clarify the various distinctions between murder and manslaughter, justifiable and excusable homicide, and voluntary and involuntary manslaughter established in the courts of judicature. He declared that it was 'on the like grounds we may reason concerning

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the cases of death, occasioned by drugs designed to produce abortion'.[236] The latter was, he wrote,

> a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man; these regular and successive stages of existence being the ordinances of God, subject alone to his divine will, and appointed by sovereign wisdom and goodness as the exclusive means of preserving the race, and multiplying the enjoyments of mankind.[237]

He also argued that the foetus was not, as it had been held in the past, 'a portion of the womb of the mother' who had an 'equal and full right over both'. On the contrary, according to Percival, no female has the right to injure her own bowels, 'much less the foetus, which is now well known to constitute no part of them'.[238] This being said, however, Percival claimed that the procuring of an abortion for the purpose of saving the life of a mother, who, for example, was unable for physical reasons to give birth to a full-term infant, was neither unlawful nor immoral. Although he denied that women had any rights over their foetuses, he did not suggest that foetuses had an absolute right to life. He argued that it was morally and legally wrong to kill a foetus without some, as he put it, 'moral or salutary' end in view.[239] The crux of his argument was that there was in fact little evidence that any known abortifacient drug could actually produce an abortion. He warned the faculty against the ascription of 'a cause inadequate to its production' and added that 'Even the pessary, so sanctimoniously forbidden by Hippocrates, has little of that activity and power, which superstition assigned to it'.[240]

In his discussion of infanticide, Percival appropriated William Hunter's argument for a reform of the statute law on infanticide to counter a defence of this law put forward by William Paley. Briefly, the law (and Paley) held that concealment of the birth of a bastard child was sufficient or presumptive evidence of felonious homicide, a capital offence. Against this view, Hunter and Percival argued that the law was defective. It was based on inadequate knowledge of the female character and it was unnecessarily sanguinary.

According to Hunter 'what is commonly understood to be the murder of a bastard child by the mother, if the real circumstances were fully known, would be allowed to be a very different crime in different circumstances'.[241] Hunter argued that the majority of these women were virtuous rather than vicious and that the concealment of their pregnancy was not an act of criminal concealment but a perfectly excusable act of 'virtuous shame'. In his depiction of the

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circumstances which might plausibly lead a pregnant woman to conceal her 'awful secret', he asked his readers to imagine the sheer terror and perplexity of that woman who, 'panting after the preservation of her character', would choose to destroy herself rather than face such infamy. In this state, 'deprived of all judgment and rational conduct', the woman falls into labour, helpless and alone. In one of his scenarios, Hunter imagined that the terrified woman had fainted and upon her recovery discovered beside her the now lifeless corpse of her bastard child, in another, the infant was still-born. Would there be any purpose, he asked, for women in such cases to divulge their terrible secret? He maintained that 'all the best dispositions' of a woman's mind would inevitably direct her to act so as to preserve her character, and he argued that:

> If the law punishes such a woman with death for concealing her shame, does it not require more from human nature, than weak human nature can bear? In a case so circumstanced, surely the only crime is the having been pregnant, which the law does not mean to punish with death; and the attempt to conceal it by fair means should not be punishable with death, as that attempt seems to arise from a principle of virtuous shame.[242]

In his advice to the faculty, Percival did not rely solely on emotional appeals to human nature such as those put forward by Hunter or upon suggestions of diminished reason. He did, nevertheless, place great weight on observations derived from men whose experience in the field of medicine had given them considerable authority. William Hunter was not only one of the best-known medical men of his day, he was also, Percival claimed, a man who possessed 'intimate knowledge of the female character'.[243] Like John Gregory, whose reputation as a moralist and student of human nature had made him a creditable expert on female conduct, Percival believed that his education had provided him with a privileged view of the female psyche.

Of greater importance, perhaps, than the gentleman physicians' 'expert' pronouncements on the female sex were their opinions concerning the validity of much of what passed as forensic evidence. Like his warning about the lack of any clear connection between an abortion and a drug designed to produce one, Percival insisted in the matter of infanticide that there was simply no known or reliable expert knowledge (apart from knowledge of human nature) that physicians, or anyone else, could bring to bear on the question of infanticide. Even the greatest forensic experts, he noted, could not

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by their own admission reliably discriminate between a still-born infant and one who lived for some time after birth.[244]

We might conclude from Percival's account of such perplexing issues as insanity, suicide, abortion and infanticide that physicians had little to offer legal proceedings concerning these matters, at least in the way of expert moral, legal or medical knowledge. Such a conclusion would, however, deny the value of a medical training which emphasized a sceptical approach to all claims of scientific knowledge and which endowed medical men with sufficient authority to discredit much of what had formerly passed for forensic evidence. Physicians like Percival, moreover, were keen students of the law and thoroughly conversant with Blackstone's *Commentaries.* Like many of their reforming counterparts in the other liberal professions, they were clearly disturbed by the arbitrary and unsystematic nature of contemporary statute law.[245] This, combined with their acknowledgement of the lack of scientific rigour in forensic matters, left physicians like Percival with little to guide them but the objectivity they had been trained to bring to all their medical observations, a sense of justice, in a system where even the presumption of innocence was often lacking, pity and mercy for the weak and unfortunate. These at least were the qualities that Percival's ethics emphasized. Whether or not he, or his colleagues, actually demonstrated them in the courts of the land is an interesting question which requires further historical research.

Gloomy Prognostications

Percival, as we have seen, touched briefly on many issues of interest to contemporary as well as modern medical ethics. His most comprehensive treatment, however, was reserved for the problem of truth-telling. This discussion, which he placed in his *Notes and Illustrations*, is the most interesting sample we have of his particular style of moralizing. For this reason, we will conclude our account of his ethics with the practical moralist at work on a topic he referred to as a 'nice and important piece of casuistry'.[246]

That a physician should be 'the minister of hope and comfort to the sick',[247] and at the same time truthful about the nature of his patient's condition was (and still is) a fundamental problem in medical ethics. As Percival explained,

> every practitioner must find himself occasionally in circumstances of very delicate embarrassment with respect to the contending obligation of veracity and professional duty: And when such trials occur, it will behove him to act on fixed principles of rectitude,

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> derived from previous information, and serious reflection.[248]

Percival's own principles or rules of veracity were, as he noted, derived in part from his investigations into the works of the great moralists and from his own reflections on this matter. He explained that from Cicero and Horace to Hutcheson and Paley, however, divergent views had been held. Cicero, for example, was willing to allow that there were limits to 'the absolute and immutable obligations of fidelity and truth'. Later philosophers such as St Augustine insisted that truth was an absolute duty admitting of no exception. He even claimed, Percival wrote, that 'he would not utter a lie, though he were assured of gaining Heaven by it'.[249] Percival found this position unnecessarily zealous. 'For a lie', he suggested, 'is always understood to consist in a *criminal* breach of truth, and therefore under no circumstances can be justified.' He ascribed to Grotius the popular view that:

> falsehood may lose the essence of lying, and become even praise-worthy, when the adherence to truth is incompatible with the practice of some other virtue of still higher obligation.[250]

Other great natural lawyers had extended or clarified these questions. Pufendorf, for example, raised the matter of whether there were groups of persons to whom the duty of veracity was not owed. He suggested that children, the very sick and overly emotional and timid patients were unable to deal with the naked or 'downright' truth and that very often telling such patients the truth would 'incapacitate us for procuring that lawful end we propose to ourselves for their good'. And 'when a man is desirous, and it is his duty, to do a piece of service, he is not bound to take measures that will certainly render his attempts unsuccessful'.[251]

In this view, a lie was not a criminal breach of truth if it was uttered in order to bring about a higher good incompatible with the truth, and second, if it did not conflict with the right of the person to whom it was directed. In the first case, Percival's examples were of such persons as the gravely ill who might become more so or even die if the truth were told to them and in the second case a child or an idiot who had to be protected. Supporting this view he quoted Hutcheson from his *System of Moral Philosophy*.

> No man censures a physician for deceiving a patient too much dejected, by expressing good hopes of him ... Wise men allow this liberty to a physician in whose skill and fidelity they trust: Or if they do not, there may be a just plea from necessity.[252]

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There was nevertheless a particular argument in the discourse on lying which presented a problem to moralists and that was the maxim that 'we must not do evil that good may come of it'.[253] Thomas Gisborne in his correspondence with Percival and in his *Enquiries into the Duties of Men* had rebuked his friend for not emphasizing the Christian rule which, he argued, was 'clear, positive and universal'. While he sympathized with the physician's and surgeon's temptation to use more encouraging language than truth would allow, he insisted that they are bound to guard themselves against such temptations. For Gisborne it was wrong to comfort a sick person with lies about his condition, primarily, it seems, because this would prevent the expiring patient from turning his thoughts to religion.[254] Comfort was also the province of the clergyman and it was, he suggested, the duty of the physician to 'smooth the way for the Clergyman's approach', a goal which could not easily be achieved unless the physician told his patients the truth about their state of health.

On the other hand, Hutcheson had argued against the inherent logic of the view that evil may not be done that good may come of it. There were, he claimed, many cases in which people agreed that actions generally thought to be evil or bad in themselves might be justified for a higher end or purpose.

> It is evil to hazard life without a view to some good; but when it is necessary for a public interest, it is very lovely and honourable. It is criminal to expose a good man to danger for nothing; but it is just even to force him into the greatest dangers for his country. It is criminal to occasion any pains to innocent persons, without a view to some good: but for restoring of health we reward chirurgeons for scarifyings, burnings, and amputations.[255]

In the end, Percival, true to the Dissenting style, informed his readers that each person would have to reach his own decisions on the matter based on the best available evidence.[256] To facilitate the search for the truth he suggested that each should explore the views of modern authors such as Grotius, Pufendorf, Grove, Balguy, Cambray (Fénelon), Butler, Hutcheson, Paley and Gisborne.[257] He also offered some 'brief considerations' of those principles by which he had always tried to govern his own conduct. Moral truth, he explained, had to be viewed from two different perspectives or references. The first reference was 'to the party to whom the truth is delivered' and the second was 'the individual by whom it is uttered'. The first, because it involved two parties, in this case the physician

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and his patient, was to be considered as a *relative duty,* 'constituting a branch of justice'. As such, it was governed by:

> the divine rule of equity prescribed by our Saviour, *to do unto others, as we would*, all circumstances duly weighed, *they should do unto us.*

In the second case, moral truth was a *personal duty* and accordingly, it was solely concerned with the 'sincerity, purity and probity' of the physician himself.[258]

With these basic distinctions in hand, Percival proceeded to demonstrate, with the aid of a hypothetical case, the nature of the problem from a professional point of view. He suggested first that there were indeed some rare cases where deceiving a patient could be viewed as the morally right action. If a physician, for example, faithfully answered the enquiries of a man who was the father of a large family or a man important to the community, and if the truth was, to the physician's knowledge, likely to prove fatal to the patient, then this would be 'a gross and unfeeling wrong'. To tell the truth in such a case was morally wrong for two reasons. First, the patient had no right to the truth, or as he put it, his right to the truth was 'suspended' because it would hurt him, his family and the public. Moreover, the patient had a claim against the physician, based on the implicit contract between them, to be protected against such harm. The truth would assuredly harm him and, consequently, the physician had a positive duty derived from 'the common principles of humanity' not to tell him the truth.[259]

This case presented 'a painful conflict of obligations', but not, as we might expect, a conflict between the physician's duty not to harm his patient and his duty to tell the patient the truth. The patient was, as he insisted, not owed the truth and so, in this regard, there was no conflict. In fact,

> the only point at issue is, whether the practitioner shall sacrifice that delicate sense of veracity, which is so ornamental to, and indeed forms a characteristic excellence of the virtuous man, to this claim of professional justice and social duty.[260]

Under such a painful conflict, a virtuous physician should be governed by the highest of his obligations and, in this case, his higher duty was to his patient. Not telling the truth to the patient was a great personal sacrifice which the physician should only allow in a real emergency, for it was also his duty to guard himself against the moral injuries which could occur to his character by frequent violations of 'the native love of truth'.[261]

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The moral-philosophical ideas which underline Percival's medical ethics can, like those which influenced Gregory, be more clearly identified through an analysis of previous work. Of particular relevance to Percival's discussion of the duty of veracity in *Medical Ethics* is his more comprehensive treatment of this topic in *Moral and Literary Dissertations* (1788). In his essay, 'A Socratic Discourse on Truth', delivered to the Manchester Literary and Philosophical Society, Percival presented the relevant issues in the form of a dialogue between a teacher and his pupil. Here, as in his later work, his philosophical sources and authorities were extensive and recognizably that pantheon of philosophers and theologians referred to by most contemporary Dissenting moralists. Here too, the key points of each position were carefully canvassed and his own view clearly stated and defended. Percival's earlier essay addressed many of the same issues and problems raised by Gregory in *Comparative View*. Most significantly, both writers situated their discussion of truth and truth-telling in the more general context of the traditional distinction between the truths of science and those of humanity, or truths which were certain and those which were practical.

Like Gregory, Percival was concerned about the problem of religious scepticism and infidelity as it manifested itself among the educated whose love of intellectual debate caused them 'to mistake sophistic arguments for sound logic'. Percival also concluded that the 'strict' truths of science must be tested by their tendency to increase or decrease happiness, and in the end, 'the real value of any doctrine can only be determined by its influence on the conduct of man with respect to himself, to his fellow creatures or to God'.[262] Percival, like his predecessor, found the philosophical justification for his medical paternalism in the contemporary debate about the status of moral knowledge. As the methodological assumptions of both indicate, neither doubted that the higher moral truth they defended was perfectly consistent with their duties as Christian physicians.

Benevolent Deception

In his discussion of the duty of veracity, Percival took his starting point from those 'fixed principles of rectitude' which, he explained in his *Preface,* ideally guide the moral physician in his deliberations. As we noted above, the problem was either one of 'relative' duty and thus a branch of justice, or one of 'personal' duty concerning the physician's duty to himself. In each case, adherence to the principles of rectitude demanded careful reflection and a scrupulous awareness of one's own motives.

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For Percival all virtuous action required action in conformity with the rational perception of 'the right or good'. The physician's apprehension of his duty was informed not only by his knowledge of abstract principles of justice but also by his perception of each particular situation in its full human complexity. He reminded his readers that each person must reach his own judgement after the fullest possible reflection and that this judgement was, for him, the final authority. The views of other moral agents were, nevertheless, crucial to the search for moral truth. Because each person had 'an inalienable right to judgement and conscience', the informed views of other agents must also be listened to and every relevant point carefully weighed and considered. Like the agent's own reflections on the matter, his engagement with other free and autonomous moral agents could not be settled on the basis of past or present authority, religious dogma or conventional wisdom. The physician-moralist must bring to bear on the problem specific knowledge acquired in the course of his classical and medical education and from his professional experience.

As indicated by Percival's long list of famous scholars who had addressed the topic of lying, this was a problem which had been debated since antiquity and on which there had always been considerable disagreement.

Percival's qualified sympathy was clearly with the group he identified as 'latitudinarians' on this matter as opposed to those like Gisborne who adopted an absolutist position. Those of the first group, which included Plato, Pufendorf and Hutcheson, argued that the law of veracity admits of at least some exceptions. He emphasized the inherent complexity of the matter and expressed his doubts concerning the scientific basis of medical prognostication in general. In the end he argued that if the harm caused by telling patients the truth was very great, the physician's duty to do no harm should override the principle of veracity. He noted that the problem was a classic subject of casuistry and thus not one which could ever be encoded as a strict moral duty of the form 'never tell a lie'. His debate with Rev. Gisborne who defended an absolutist position was a serious one about what each considered to be the real truth of the matter. At stake for the clergyman was the patient's immortal soul. In his view, to deceive patients about their impending death was to deny them the necessary preparation for life in the hereafter. Percival was also concerned about the present state of his patients as well as the impact of their illnesses on the family or community. Percival's case examples were, therefore, chosen to illustrate that there are

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some actions which, although they transgress laws such as the law of veracity, are nevertheless generally applauded. He used well-known historical examples of virtuous and benevolent matrons who chose to deceive members of their families rather than expose them to shocking truths at a time when they were most vulnerable.[263]

Percival's and Gisborne's debate about the physician's obligation to veracity was an attempt by each party to demonstrate the moral correctness of their respective positions. Percival's decision to include this exchange in his *Notes* suggests a desire to provide a model of rational discourse in medical ethics based on the rules of candour outlined above.

The provisional and open-ended nature of moral debate illustrated by this 'candid' exchange is aptly illustrated by Percival's comments in the Preface of *Medical Ethics* on the opportunities afforded him by the addition of his supplementary notes. It is here, he explained, that he was able to rectify misconceptions arising from the brevity of his style in the manual and to correct the errors brought to light by his own subsequent reflections and the 'judicious observations' of his friends.

Percival's account of the duty of veracity was, like Gregory's, a highly paternalistic one and thus unlikely to appeal to readers whose views on the subject are shaped by modern ideals of patient autonomy. That Percival should place such great emphasis on the sincerity and probity of the physician and so little on his patients' right to know the truth is not a position with which we can readily sympathize. For Percival, and the moral-philosophical tradition in which his ethics is situated, the autonomy of the physician was, however, as important as the autonomy of the patient is to modern bioethics. It was, moreover, here in the association of medical virtue with a free, informed conscience and most importantly in the public or social nature of this search for knowledge that a more critical medical ethics emerged. Percival's emphasis on the importance of free inquiry in every aspect of medical thought and practice and his passionate commitment to the establishment of public institutions designed to promote this ideal in a climate of disinterestedness, civility or candour can be seen as not only another stage in the 'laying open' of medicine but a significant contribution to the development of a recognizably modern medical ethics.

Notes

1. For much of the following, see the 'Memoirs of the Life and Writings of Thomas Percival, M.D.' which Edward C. Percival put at the front

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of an edition of his father's works. The full title-page is of biographical significance: *The Works, Literary, Moral, and Medical of Thomas Percival, M.D., F.R.S., and A.S., F.R.S., and R.M.S., (Edin.), late President of the Literary and Philosophical Society of Manchester, member of the Royal Societies of Paris and of Lyons and of the Medical Societies of London and Aix-en-Provence, of the American Academy of Arts, etc., and of the American Philosophical Society at Philadelphia. To which are prefixed memoirs of his life and writings and a selection from his literary correspondence.* 4 vols, Bath and London, 1807. (Hereafter referred to as Percival's *Works.*)

2. Percival, *Memoirs,* p. xi.
3. As John Seed explains: 'The gradual transition from Calvinist presbyterianism through rational dissent to unitarianism in the course of the eighteenth century involved the dismantling of much of the theological superstructure of Orthodox Christianity: the divinity of Christ, the existence of hell and the devil, the doctrine of original sin and the immaculate conception and other tenets were abandoned as irrational superstitions'. The terms 'Dissent' and 'Nonconformism' and the distinctions between Unitarians and Rational Dissenters were, however, in this period undergoing a process of redefinition and are consequently difficult to apply accurately. According to Seed, the term 'Rational Dissent' was used to designate those dissenting congregations, usually Presbyterian in origin, which were in the process of becoming Unitarian but which embraced an internal diversity of theological opinions, as e.g. the Warrington and Manchester congregations. See: John Seed, 'Gentleman Dissenters: The Social and Political Meanings of Rational Dissent in the 1770s and 1780s', *Historical Journal,* 28 (1985), 301–2.
4. Percival, *Memoirs,* p. x. According to one historian of Dissent, John Seddon's sermons, like those of the moderate clergymen of Scotland with whom he had trained and whose theological and philosophical views he shared, were 'ethical in character, with a dash of liberalism, political and theological, gleaned from such periodicals as *Cato's Letters*'. H. McLachlan, *Warrington Academy; its History and Influence,* Manchester, 1943, p. 12.
5. Gregory Claeys, 'Virtuous Commerce and Free Theology: Political Economy and the Dissenting Academics, 1750–1800', p. 4.
6. From the passing of the Test Act in 1673 and the Corporation Act in 1661, Nonconformists were legally barred from government and municipal office. There were, however, loopholes and from 1718 a Dissenter could hold public office if, within six months of his installation, suit was not brought against him. While the government rarely brought suit against Dissenters, many continued to fear and bitterly resent the laws which continued to be inculcated in legal education. Blackstone, for example, included Dissent as a criminal offence on a par with common cursing, witchcraft, sorcery, open and

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